

PEOPLE, PROGRAMS & PROGRESS



Elisabeth Rukeyser, commissioner of the Department of Mental Health & Mental Retardation since March of 1999, has been a volunteer and a leader in the mental health field for more than 30 years.

I'm pleased to present People, Programs and Progress, a close look at the responsibilities and accomplishments of the Department of Mental Health and Mental Retardation.

This document provides an overview of the department and details the activities of each division. Also included are charts and graphs that reflect changes in licensure, personnel, census and budgetary expenditures.

This document reflects our effort to continue to enhance our services through research and collaborative projects with public and private entities.

*Elisabeth Rukeyser
Commissioner*

She served as chairman of the board of the National Mental Health Association from 1990 to 1992, and in Tennessee, was facilitator of Governor Don Sundquist's 1998 TennCare Partners Program Advisory Committee.

In early 1999, Commissioner Rukeyser was in Washington to participate in the First White House Conference on Mental Health.

A resident of Knoxville, Rukeyser chaired Covenant Behavioral Health and eight affiliated housing corporations of the federal Department of Housing and Urban Development. She served on the boards of Covenant Health Systems, Tennessee Voices for Children and Lakeshore Mental Health Institute. She also chaired Overlook Center and was a director of the Detoxification Rehabilitation Institute, the Helen Ross McNabb Foundation and Volunteer Ministries.

She has gained national prominence as a member of the Board of Directors for the National Alliance for Research on Schizophrenia and Depression (NARSAD), and is now in her 18th year as a member of the Advisory Council to Boston University's Center for Psychiatric Rehabilitation.

In 1993, Donna Shalala, secretary of Health & Human Services, appointed Rukeyser as a member of the Center for Mental Health Services National Advisory Council of the federal Substance Abuse and Mental Health Services Administration. Rukeyser also formerly served on the National Leadership Forum for Mental Health and the National Council for Community Behavioral Healthcare.

OVERVIEW

History

The DMHMR was created by the Tennessee General Assembly on March 13, 1953 to provide services to people with mental illness and mental retardation.

In 1973, under the Comprehensive Alcohol and Drug Treatment Act, the General Assembly gave the department responsibility for developing programs for the prevention and treatment of alcohol and drug abuse.

In 1978, the department was entrusted to license facilities that provide services to people with mental retardation, mental illness and alcohol and drug abuse.

The Division of Alcohol and Drug Abuse Services subsequently was transferred to the Department of Health in July 1991.

People, Programs and Progress

When the Department of Mental Health and Mental Retardation (DMHMR) was established 46 years ago, its purpose was to serve the people of Tennessee. This it has done with emphasis on quality and improvement. Since the 1970s, programs were started, merged and expanded to offer more and better services in community settings.

The Division of Mental Retardation Services contracts with over 120 organizations to provide early intervention, family support, respite, day/vocational services, community residential programs for children and adults, developmental disabilities, diagnosis and evaluation, independent support coordination and supported living. Over 10,000 people with disabilities are served through the division.

The Division of Mental Health Services contracts with over 50 agencies and provides over \$30 million in grants to support services for the homeless, housing, forensics, co-occurrence (mental illness and substance abuse), Journey of Hope, Bridges, supportive living, drop-in centers, Project B.A.S.I.C., RIP (Regional Intervention Program), early childhood intervention, evaluation and respite (See definitions on Page 8).

Mental Health Parity

In 1998, Governor Don Sundquist signed legislation to ensure that insurance policies can not discriminate in providing treatment for mental illness. This legislation prohibits most policies in Tennessee from enforcing lifetime benefit caps or other restrictions for mental illness that are not also enforced for physical illnesses and surgical procedures.

Effective in January of 2000, after rule making procedures, the law requires insurance carriers to allow a minimum of 20 inpatient and 25 outpatient days for mental illness in a year.

The law does not apply to small health insurance plans which cover 25 or fewer employees. The measure also allows an insurance company to be exempt if it can prove, after 12 months of experience, that mental health services coverage results in a cost increase of more than one percent. The law does not mandate coverage for treatment of alcohol or drug abuse or dependence.

Settlement Agreement

On September 30, 1996, the United States District Court issued a Settlement Agreement between ***People First, the United States and the State of Tennessee*** for individuals with mental retardation. This agreement designated “a class consisting of all persons who currently reside or will reside at Clover Bottom Developmental Center (including the Harold Jordan Center), Greene Valley Developmental Center or Nat T. Winston Developmental Center, and all persons who have resided there at any time since December 22, 1992.” The Settlement Agreement was conditionally approved in July 1997.

This agreement sets forth provisions for restructuring and enhancing Tennessee’s statewide system for the delivery of services to citizens impacted by the agreement “in a way that recognizes the individuality of each and understands the critical role of family members, guardians, and others who provide support and care.” Services and supports provided by and through the Division of Mental Retardation Services to middle and east Tennessee are governed by this agreement. Services in west Tennessee continue to comply with the Remedial Order issued in 1994 regarding Arlington Developmental Center.

OVERVIEW

The Settlement Agreement is monitored by a Quality Review Panel. The Division of Mental Retardation Services made its first status report to the panel in November of 1997 and has continued quarterly thereafter. The purpose of the status conference is to demonstrate to the court that the division is fulfilling the terms of the lawsuit.

Commission on Compliance

The Commission on Compliance, which is responsible for administration of Arlington Developmental Center and the west Tennessee community services region, was established by Executive Order of Governor Sundquist on February 7, 1996.

It is responsible for Arlington's compliance with the Remedial Order and all orders of the Court related to Civil Action #92-2062-ML/A cite lawsuit. Under the direction of Deputy Director Rick Campbell, the commission reports to the Department of Finance and Administration.

The Remedial Order is monitored by court appointed monitor, Linda O'Neill. Additionally, the commission supervises compliance with the Settlement Agreement Civil Action #3-96-1056 and works closely with the Division of Mental Retardation Services.

Both the Arlington lawsuit and the Settlement Agreement involve institutional reform of Arlington, Clover Bottom (including Harold Jordan Center), and Greene Valley Developmental Centers in addition to the development of comprehensive community services for over 700 class members living in the community. (Class member refers to any individual affected by the class action lawsuit.)

Conferences

- *Governor's Summit on Tennessee's Children* - Governor Sundquist hosted the first-ever Governor's Summit on Tennessee's Children. Five departments, which play major roles in the lives of children, joined forces for the event—Children's Services, Education, Health, Human Services and the DMHMR. More than 2,500 people attended the 1998 event.
- *Children's Health Summit* - Held in the fall of 1997, participants from across the country had an opportunity to learn from a panel of nationally acclaimed experts. Aimed at enhancing the health status of Tennessee's children and adolescents through health promotion and disease prevention strategies and interventions, the Summit addressed HIV and children, maternal effects of alcohol and drug abuse, ADHD, early childhood development and new and innovative techniques in dealing with these issues. The DMHMR and the Department of Health co-sponsored the event.

Government on Line

The DMHMR, along with the Governor's Office and other state departments, established web sites in 1996. The DMHMR (www.state.tn.us/mental) continued to expand its site to include departmental news releases and periodicals. The department's rules were recently added and are located under the Secretary of State's Office.

Making the Vision A Reality

A major public education campaign was launched in 1997 to share what had been learned about opportunities for persons with mental retardation or other disabilities

The DMHMR is responsible for providing services to individuals with mental illness and mental retardation/developmental disabilities or neurobiological brain disorders.

Each day, these dedicated partners touch the lives of thousands of people through a wide range of programs and services including outpatient day treatment, residential programs, housing assistance and other community based programs.

The DMHMR has resolved to meet the ever changing needs of Tennessee residents by providing appropriate services when and where they are needed.

Community programs and services and housing options have changed significantly since the department was founded in 1953.

While scientific knowledge about the causes and nature of mental illness, and mental retardation and developmental disabilities continues to expand, there is still much to do to improve the quality of life for consumers and their families.

The DMHMR works closely with families, consumers and advocacy groups, community agencies and centers, private organizations, the General Assembly and other governmental authorities to ensure continued progress in delivering high quality programs and services.

OVERVIEW

Vision

TDMHMR believes that every Tennessean deserves an opportunity to realize his or her full potential. TDMHMR strives to provide people with mental illness, emotional disturbance, mental retardation and developmental disabilities an opportunity to enjoy a safe and healthy quality of life, with support services tailored to their individual needs and choices.

Mission

The mission of the TDMHMR is to ensure the availability of an array of treatment options, services designed to help individuals enhance their life skills, provide housing opportunities and community assistance programs to individuals with mental illness, emotional disturbances, mental retardation and developmental disabilities. The goal is to provide these services based on the needs and choices of the individuals and their families.

to live successfully in the community. Titled ***Making the Vision A Reality: Opening Doors, Changing Lives***, the campaign included radio and television announcements, a transition video for families, a video for public presentations, brochures and a monthly newsletter.

Salute to Direct Care Staff

Governor Sundquist proclaimed September 9, 1998 as Direct Care Staff Day in Tennessee to honor employees who work directly in community and state operated programs with people who have mental illness or developmental disabilities. Observances were held at DMHMR state operated facilities in Nashville, Knoxville, Memphis, Chattanooga, Greeneville and Bolivar. More than 2800 state employees were honored on this day.

ADA, Title VI and Sexual Harassment

Title VI of the Civil Rights Act prohibits programs which receive federal funds from discriminating against participants or clients on the basis of race, color or national origin. The Americans With Disabilities Act (ADA) is designed to integrate people with disabilities fully into the mainstream of American life.

The department holds yearly conferences on ADA issues and the impact the law has on DMHMR facilities, staff and consumers. Statewide meetings on Title VI are also held and literature revised and distributed to contracting agencies and DMHMR facilities. Current practices regarding the ADA and Title VI are examined by task forces within the department. DMHMR employees also participate in training regarding sexual harassment.

The Closing of Nat T. Winston DC

The Nat T. Winston Developmental Center, which opened in 1979, to serve people with a dual diagnosis of mental retardation and mental illness, closed March 20, 1998. Today's expanded service delivery system and community supports to assist people with mental retardation and other developmental problems enable these individuals to be better served in the community.

Awards

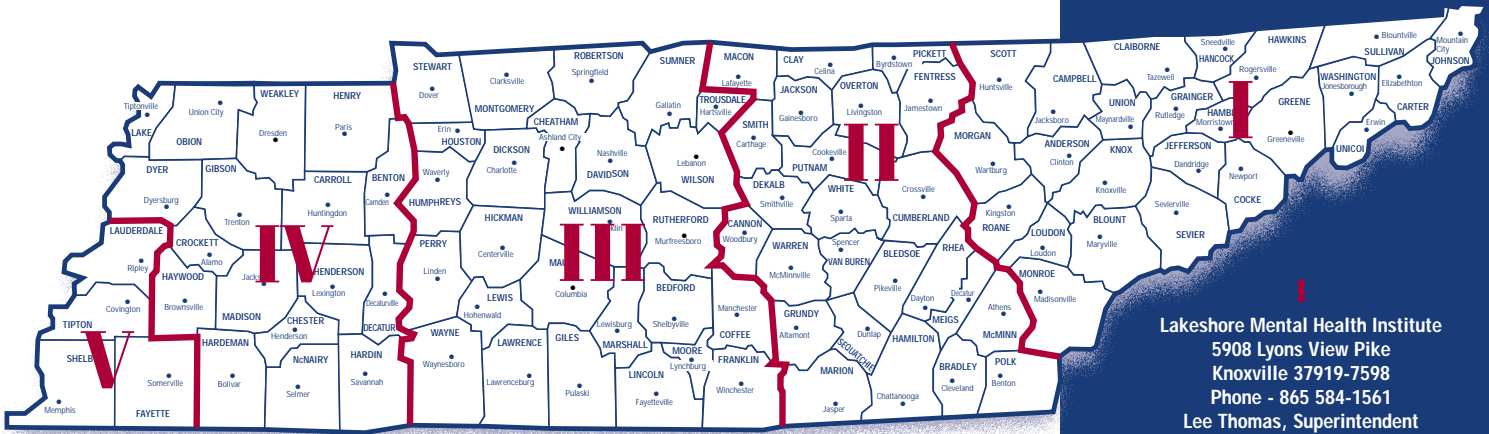
Project B.A.S.I.C. (Better Attitudes and Skills in Children), a school based DMHMR supported mental health program was awarded the coveted Certificate of Significant Achievement of the American Psychiatric Association in 1997.

Title 33 Revision

In the summer of 1998, Governor Sundquist appointed a commission to provide suggestions for changing Tennessee's laws governing the delivery of services to persons with mental illness and or mental retardation (See page 19 for more details).

DEPARTMENTAL SERVICE AREAS

Mental Health Institutes



Lakeshore Mental Health Institute
 5908 Lyons View Pike
 Knoxville 37919-7598
 Phone - 865 584-1561
 Lee Thomas, Superintendent

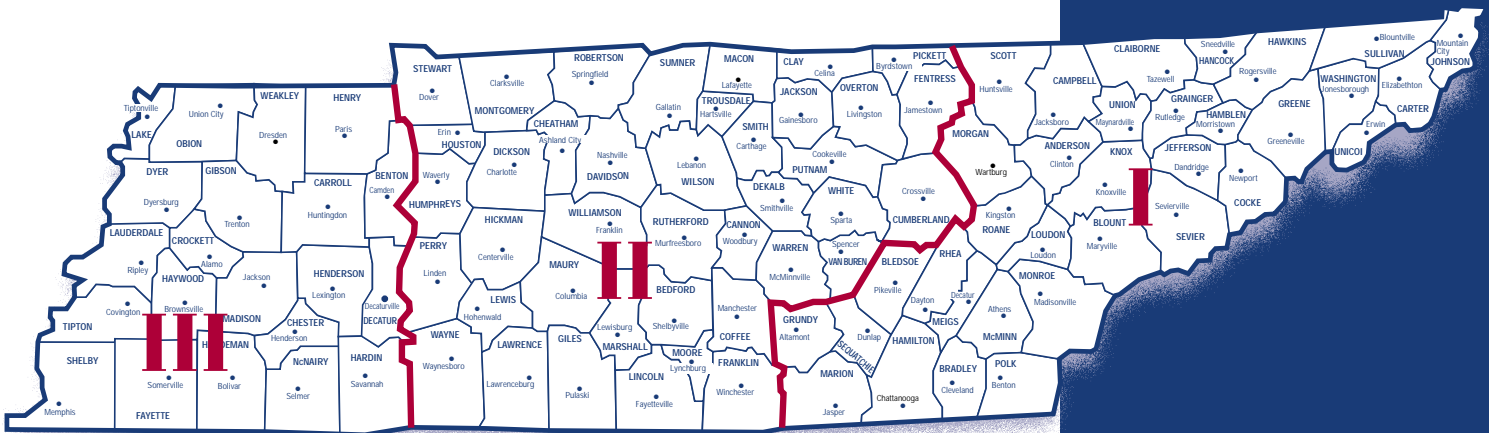
V
Memphis Mental Health Institute
 865 Poplar Avenue, P.O. Box 40966
 Memphis, 38174-0966
 Phone - 901 524-1200
 Pete Davidson, Superintendent

IV
Western Mental Health Institute
 Highway 64-West
 Western Institute, TN 38074-9999
 Phone - 901 658-5141
 Elizabeth Littlefield, Superintendent

III
Middle Tennessee Mental Health Institute
 221 Stewarts Ferry Pike
 Nashville 37243-0980
 Phone - 615 902-7400
 Joseph Carobene, Superintendent

II
Moccasin Bend Mental Health Institute
 Moccasin Bend Road
 Chattanooga 37405
 Phone - 423 265-2271
 Russell Vatter, Superintendent

Mental Retardation Services



I
West Tennessee Regional Office
 1341 Sycamore View Road, 3rd Floor
 Memphis, TN 38134
 Phone - 901 685-3901
 Bernard Simons Jr., Regional Director
 Rick Campbell, Deputy Director
 Commission on Compliance

Arlington Developmental Center
 P.O. Box 586
 11293 Memphis-Arlington Road
 Arlington, TN 38002-0586
 Phone - 901 745-7200
 James Armstrong, Ph.D., Superintendent

II
Middle Tennessee Regional Office
 275 Stewarts Ferry Pike
 Nashville, TN 37234
 Phone - 615 231-5048
 Steve Roth, Regional Director

Clover Bottom Developmental Center
 275 Stewarts Ferry Pike
 Nashville, TN 37243-0970
 Phone - 615 231-5000
 Frances Washburn,
 Interim Superintendent

III
East Tennessee Regional Office
 Greenbriar Cottage
 5908 Lyons View Drive
 Knoxville, TN 37919
 Phone - 865 588-0508x134
 Janet Simons, Regional Director

Greene Valley Developmental Center
 P.O. Box 910, 11E Bypass
 4850 E. Andrew Johnson Highway
 Greeneville, TN 37744-0910
 Phone - 423 787-6800
 Henry Meece, Ph.D., Superintendent

DIVISION OF MENTAL HEALTH SERVICES

The Division of Mental Health Services (DMHS) provides treatment and assistance to adults with a severe and persistent mental illness (SPMI) and children and adolescents with serious emotional disturbances (SED). Staff perform various responsibilities of the division which include:

- *Legislative monitoring to ensure that state policies reflect current business practices and treatment options*
- *Forensic services for adults in the criminal justice system*
- *Children's mental health services*
- *Housing services*
- *Mental health education and advocacy*
- *Pre-Admission Screening and Annual Resident Review (PASARR)*
- *Interstate and inter-facility transfers*
- *Administration of federal funds allocated for mental health services.*

Fiscal 1997

TennCare Partners, the program that provides mental health treatment and support to more than 1.2 million Tennesseans, was a significant achievement of the DMHMR in Fiscal 1997.

Community support services, previously outlined in the department's *Master Plan*, were incorporated. These included—but were not limited to—mental health case management, residential care, psychiatric rehabilitation and specialized outpatient services.

Qualified experts and stakeholders including consumers and their families were instrumental in developing the Master Plan in 1992. Much of this was incorporated into the initial design of TennCare Partners.

Fiscal 1997 saw the DMHS continue its role with mental health agencies to provide non TennCare covered support to adults. Emphasis was also placed on prevention and early intervention for children and adolescents.

The division's efforts to implement Partners was supported by the Mental Health Planning Council. At the same time, the Regional Planning Committees were strengthened by grassroots input in developing the mental health managed care program.

Tennessee's five regional mental health institutes were a priority, and a newly established Institute Quality Team worked closely with each to assure that established performance measures were met.

Three additional components of vital importance to the program - licensure, training and forensic services - were continued.

Fiscal 1998

In Fiscal 1998, the DMHMR collaborated with the DOH Bureau of TennCare to continue improvements on the Partners program. The state contracted with two behavioral health organizations — Premier Behavioral Health and Tennessee Behavioral Health — to provide managed mental health care.

DMHS emphasized support for non TennCare covered mental health services. Planning, monitoring and evaluation functions were improved with increased accountability which utilized consumer-oriented performance measures.

A commitment to consumer advocacy was strengthened through the support and participation of the National Alliance for the Mentally Ill of Tennessee, Tennessee Mental Health Consumers Association and Tennessee Voices for Children.

Fiscal 1998 was successful for the Mental Health Planning Council. The TennCare Partners Roundtable was established and an orientation manual and regional service directories were completed.

The council also sponsored educational forums and training on the TennCare Partners Program and dual diagnosis treatment. Council meetings had an average of 75 participants at each session. Both DMHMR and Department of Health commissioners were active in the proceedings.

DIVISION OF MENTAL HEALTH SERVICES

Tennessee's five regional mental health institutes, all accredited by the Joint Commission on Accreditation of Healthcare Organizations, continued to serve consumers in need of hospitalization. The division's Institute Quality Team continued to provide each facility with monitoring and technical assistance. Training, forensic services and licensure remained vital components.

New Services & Activities - Fiscal 1997

- Implemented TennCare Partners Program and developed systematic monitoring for all contracted services.
- Mental Health Planning Council established the TennCare Partners Roundtable.
- The Regional Mental Health Planning Councils were strengthened to better serve in the development of TennCare Partners.
- Established TennCare Partners Information Line.
- Planned services for persons with co-occurring mental health and substance abuse needs.
- Began seven drop-in centers.
- Established Institute Quality Team to support the Regional Mental Health Institutes.
- Long Term Care Project began tracking discharged long-term mental health institute consumers.
- Participated in governor's cabinet meeting on special needs children. Funded a child data research project.
- Began four B.A.S.I.C. (Better Attitudes and Skills in Children) programs. Established an Early Childhood Intervention Program.
- Developed Mental Health Education and Training Project; supplied Family Resource Centers with mental health materials.

New Services & Activities - Fiscal 1998

- Promoted cultural diversity in planning groups.
- The Regional Mental Health Planning Councils completed a regional needs assessment.
- Provided Tennessee school systems with mental health resource materials. Established children and youth speakers bureau.
- Integrated co-occurrence (mental illness/substance abuse) treatment into provider system.
- Provided local jails with training to screen for mental illness.
- Evaluated mental health needs of the elderly. Designed a pilot project.
- Increased rental assistance to mental health consumers.
- Expanded number of drop-in centers.

The DMHS oversees and monitors the five regional mental health institutes (RMHI's) which provide in-patient psychiatric services to seriously mentally ill clients.

The DMHS has developed standards to monitor the RMHI's for quality, based on the standards and requirements of the Joint Commission on Accreditation of Healthcare Organizations (JACHO), Medicaid/Medicare, and the U. S. Department of Justice. All RMHI's have been fully accredited by the JCAHO since 1978.

Division of Mental Health Services
3rd Floor Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243
615 532-6767

DIVISION OF MENTAL HEALTH SERVICES

Definitions

B.A.S.I.C.—Better attitudes and skills in Children—A school based DMHMR supported mental health program.

BRIDGES—Building Recovery of Individual Dreams and Goals Through Education and Support—This program provide education and support to mental health consumers.

Co-occurrence Disorders—Mental illness and alcohol and/or drug addiction that are occurring at the same time.

Drop-In Center—A central place for consumer self-help, advocacy, equation and socialization.

Forensics—Services provided to adults involved with the criminal justice system.

Journey of Hope—A program that provides basic education and skill training that families need to cope with difficulties associated with caring for relatives who are mental health consumers.

Respite—Service that reduces family stress helping to preserve the family unit, support family stability and prevent out-of-home placements as well as possible abuse and neglect.

RIP—Regional Intervention Program—A parent implemented program that provides services to families of pre school age children with difficult behaviors.

Changes in Community Mental Health Funding for 1997 and 1998

	Fiscal 1997	Fiscal 1998
STATE or INTERDEPARTMENTAL FUNDING		
HUD Programs	\$ 1,055,765	\$ 1,038,300
System Development (Housing)	\$248,900	\$ 1,134,268
Forensic Services by Premier for 7/1-12/31/98		\$155,100
Permanent Housing	\$217,725	\$225,251
Co-Occurrence Disorder		\$140,000
Regional Intervention Programs (RIP)	\$518,849	\$641,858
Infant Stimulation	\$83,916	\$55,000
Special Projects for C & A		\$288,316
PATH Grant Supplement	\$199,705	\$208,699
Journey of Hope Supplement	\$50,000	\$50,000
Crisis Network Grant Supplement	\$50,000	\$80,515
Americorps Grant form F & A	\$44,605	\$63,086
Americorps Supplement	\$40,000	\$40,000
Supportive Living Subsidy	\$151,200	\$150,000
Direct Purchase Authority for Clinical MH Services	\$ 3,000,000	\$0
OIR Charges	\$17,573	\$7,465
Tennessee Emergency Management Agency (TEMA)		\$23,758
DHS/DVR/MOE	\$288,000	\$288,000
Psychosocial Rehabilitation Match	\$385,400	\$385,400
PASARR	\$571,107	\$668,783
Interim Payments to CMHCs	\$ 4,719,624	
Crisis Teams (One time state appropriations)	\$500,000	
Forensic Services Administration		\$ 1,200,000
Forensic Services Community Evaluations		\$800,000
Forensic Services Inpatient Evaluations		\$20,000,000
Total State and Interdepartmental Funding	\$12,142,369	\$27,643,799

FEDERAL FUNDING

CMHS BLOCK GRANT

Mental Health Education and Training (Adults and C & A)	\$200,000	
Compeer, Consumer and Family Support Groups	\$321,129	\$305,871
Co-Occurrence Disorder	\$120,000	\$221,550
Drop-In Centers	\$ 2,470,000	\$ 2,656,507
Project B.A.S.I.C.	\$515,400	\$650,700
Early Childhood Intervention	\$140,000	\$148,000
Early Childhood Evaluation Project	\$188,200	\$15,000
Family Support and Advocacy for C & A	\$112,000	\$172,675
Homeless Outreach for C & A		\$67,103
Planned Respite Services	\$243,700	\$243,700
<i>Sub-Total for DMHS Block Grant</i>	<i>\$ 4,310,429</i>	<i>\$ 4,481,106</i>
Crisis Respite Grant	\$136,164	\$141,237
Crisis Nursery Grant	\$165,016	\$167,925
Respite Network Grant	\$142,500	\$176,152
PATH Formula Grant	\$300,000	\$300,000
Journey of Hope Grant	\$86,925	\$66,512
Knoxville Permanent Housing Grant	\$73,267	\$82,200
Total Federal Funding	\$ 5,214,301	\$ 5,415,132
Total Community Mental Health Services Funding	\$17,356,670	\$33,058,931

DIVISION OF MENTAL HEALTH SERVICES

Program Data

CHILDREN AND YOUTH SERVICES

	<u>Fiscal 1997</u>	<u>Fiscal 1998</u>
RIP (Regional Intervention Programs)	727 children 589 families	606 children 556 families
B.A.S.I.C. (Better Attitudes in Schools in Children)	6,753 children	8,443 children
Early Childhood Intervention	50 children	99 children
Infant Stimulation (Smart from the Start)	30 children	40 children
Crisis Nursery Services	212 children	87 children
Planned Respite Services	82 children	82 children
Crisis Respite Services	60 children	49 children
Family Support Advocacy	18 groups	17 groups
Parent-to-Parent Support Contacts	80 average per month	212 average per month
Parent-to-Parent Mailings	2,500 parents	3,500 parents
Homeless Outreach Services		530 children
Children and Youth Erase the Stigma	4,520 children 4,800 adults	20,000 children 4,000 adults

ADULT SERVICES

Drop-In Centers	26 centers	31 centers
Co-occurrence treatment training	64 clinicians	55 clinicians
Projects for Assistance and Transition from Homelessness (PATH)	975 consumers	1,184 consumers
Permanent Housing for Homeless	46 consumers	46 consumers

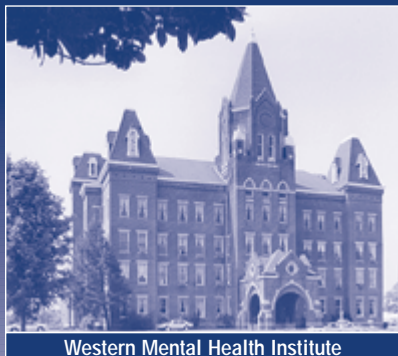
Statistics

	<u>Fiscal 1997</u>	<u>Fiscal 1998</u>
Estimated # SPMI* population	73,212	73,212
Estimated # SPMI served via TennCare Partners (source: EADS 10/31/97 and 11/18/98)	51,133	71,628
Estimated #SED** population	41,335	41,335
Estimated #SED served via TennCare Partners (source: EADS 10/31/97 and 11/18/98)	31,846	19,059

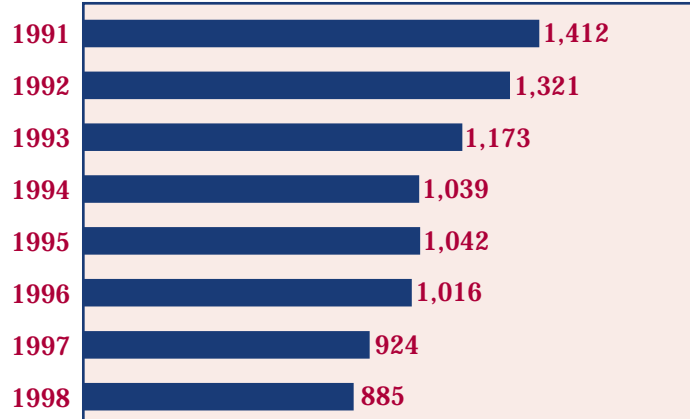
*SPMI—severely and persistently mentally ill

**SED—seriously emotionally disturbed children and adolescents

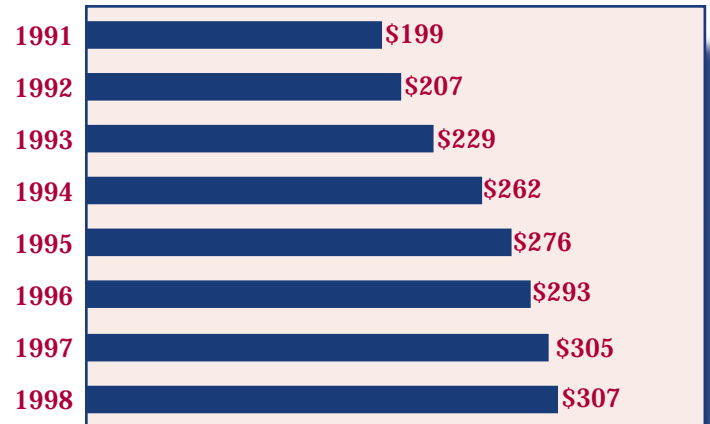
MENTAL HEALTH INSTITUTE STATISTICS



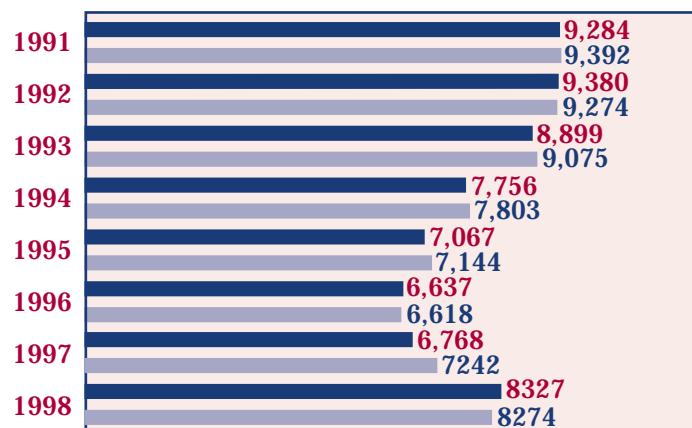
Average Daily Census



Cost Per Occupancy Day



Admissions and Releases



Admissions
Releases

MENTAL HEALTH INSTITUTE STATISTICS

Lakeshore Mental Health Institute

Founded in 1886 as East Tennessee Hospital for the Insane. Opened with transfer of 99 patients from Nashville Hospital. Became Eastern State Hospital, Eastern State Psychiatric Hospital and in 1977 renamed Lakeshore.

Fiscal Year	Admissions	Releases	ADC*	Daily Cost**
1991	1,978	1,969	341	\$200
1992	2,304	2,137	328	\$200
1993	2,372	2,417	287	\$229
1994	2,420	2,419	256	\$255
1995	1,857	1,878	262	\$262
1996	1,572	1,579	244	\$288
1997	1,193	1,251	193	\$334
1998	1,301	1,271	181	\$325

Memphis Mental Health Institute

Founded in 1962 as Tennessee Psychiatric Hospital and Institute for short term treatment and research. Became MMHI in 1977.

Fiscal Year	Admissions	Releases	ADC*	Daily Cost**
1991	1,883	1,916	161	\$227
1992	1,602	1,630	133	\$271
1993	1,271	1,299	99	\$294
1994	1,242	1,249	93	\$338
1995	1,295	1,289	88	\$385
1996	1,475	1,492	98	\$364
1997	1,729	1,711	90	\$369
1998	1,707	1,711	97	\$348

Middle Tennessee Mental Health Institute

Founded in 1852 as Tennessee Hospital for the Insane. It opened with 60 patients transferred from the old asylum. In 1920 was named Central State Hospital and in 1964 to Central State Psychiatric Hospital and to MTMHI in 1977. On August 15, 1995, the original buildings were vacated and the facility moved to its new location on Stewarts Ferry Pike.

Fiscal Year	Admissions	Releases	ADC*	Daily Cost**
1991	2,134	2,168	378	\$214
1992	2,168	2,193	359	\$219
1993	2,036	2,094	323	\$242
1994	1,401	1,420	269	\$291
1995	1,351	1,378	261	\$314
1996	1,375	1,306	250	\$336
1997	1,646	1,679	246	\$316
1998	2,331	2,331	236	\$309

Moccasin Bend Mental Health Institute

Founded in 1961 as Moccasin Bend Psychiatric Hospital for short-term intensive treatment and renamed MBMHI in 1977.

Fiscal Year	Admissions	Releases	ADC*	Daily Cost**
1991	2,236	2,263	241	\$171
1992	2,190	2,170	227	\$187
1993	2,108	2,108	227	\$184
1994	1,799	1,813	205	\$212
1995	1,558	1,604	207	\$234
1996	1,206	1,237	184	\$274
1997	1,200	1,505	148	\$327
1998	1,648	1,633	141	\$316

Western Mental Health Institute

Founded in 1889 as Western Hospital for the Insane at Bolivar. Became Western State Hospital in 1919; Western State Psychiatric Hospital in 1965; and WMHI on January 1, 1977.

Fiscal Year	Admissions	Releases	ADC*	Daily Cost**
1991	1,053	1,076	291	\$187
1992	1,116	1,144	274	\$189
1993	1,112	1,157	237	\$224
1994	894	902	216	\$245
1995	1,006	995	224	\$245
1996	1,009	986	240	\$243
1997	1,000	1,096	247	\$235
1998	1,340	1,328	230	\$268

*Average daily census

**Cost per occupancy day

DIVISION OF MENTAL RETARDATION SERVICES

VISION

All Tennesseans with disabilities will have the opportunity to develop a vision for their future, live in a place that they choose, work at a satisfying job, have friends and other relationships in their lives, feel accepted for who they are, and participate in and contribute to their community.

MISSION

The mission of the division is to work in partnership with people with disabilities, families, the community, service agencies, and advocates to establish responsive policies, innovative support, flexible funding and effective outcome-based services. The Division has pledged to empower consumers and their families by encouraging involvement, and by developing community-based support networks.

Division of Mental Retardation Services
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Fiscal 1997

The Tennessee Quality Initiative (TQI), which established a system for delivering services in state operated developmental centers, resulted from findings of the United States Department of Justice in ***People First vs Clover Bottom Developmental Center***. The initiative is self-monitoring, self correcting and designed to produce quality services. It not only targets the developmental centers but expands into community services.

Peer review systems, focusing on medical and nursing services, physical and nutritional services and behavior interventions, were established by each developmental center. Accepted standards of practice are evaluating tools for measuring quality of care throughout the peer process.

A manual, ***Let's Get Moving***, was developed to assist staff with transitioning individuals from the developmental centers to the community.

In Fiscal 1997, a staff training plan was developed by the Division of Mental Retardation Services (DMRS) to provide a roadmap by which developmental center, regional office and community operated facility staff could be trained.

Pre-service and community care curricula and a work retention plan for professionals employed in state-operated developmental centers were also developed.

The DMRS cooperated with Information Systems Management to improve the system for tracking individuals in community services.

Home and Community Based Waiver funded services were provided as listed:

- Residential services to 1,036 persons in group home settings. Group homes serve four or more people.
- Residential services in supported living environments were provided to 698 individuals. Each environment serves three or more persons.
- Family based services were provided to 205 persons.
- Day services were provided to 3,134 persons.
- Independent support coordination/case management services were provided to 3,518 persons.

Waiver funding also provided nursing and home health services, occupational, physical and speech therapies, enhanced dental services, adaptive equipment and modifications for homes/vehicles, personal assistance, supported employment, respite and transportation services.

The State of Tennessee also utilized funds, not part of the Waiver program, to provide residential and day services. The Tennessee Family Support program spent \$3,118,700 to assist 2,214 families with services that were flexible and responsive to individual needs.

Depending on those needs, these services included but were not limited to:

- Respite and day care, home and vehicular modifications, specialized equipment and repair/maintenance
- Specialized nutrition/clothing/supplies, personal assistance, transportation, homemaker services and housing costs

DIVISION OF MENTAL RETARDATION SERVICES

- Health related services, nursing/nurse aide, family counseling, recreation/summer camp, evaluation and training.

In Fiscal 1997, the state also began a Tennessee Rental Assistance Program to finance housing and housing subsidies for people moving from the developmental centers. Approximately 100 persons benefited from this program.

A system to provide independent support coordination was developed. The coordinators act as liaison with the family or guardian, the person served and providers of services. The state contracts with community agencies to provide such support coordination to individuals who receive DMRS funding.

Fiscal 1998

The TQI was the basis for the compliance document for the Settlement Agreement **People First vs Clover Bottom**. Services and supports continued to expand to the community.

Four status conferences presented information on compliance progress, and the DMRS developed **My Choice? Ordinary Life**, Settlement Agreement Community Plan, utilizing the input of individuals who received services, parents, representatives of advocacy groups, service providers and professionals.

This document highlighted the community system for services and supports and identified underlying principles which emphasized quality lives for people in the community. It also supported the concepts of individual choice, community services and the use of natural supports. A program to implement these improvements was begun across Tennessee during the fiscal year.

Let's Get Moving, the manual explaining the process for transitioning people from the developmental centers to the community, was revised and distributed to the centers and providers, independent support coordination agencies and other professional staff. Families also received information on the transition process.

Information in the manual conforms with requirements specified in the Settlement Agreement Community Plan and compliments the **Transition Guide for Families**, developed as an overview to explain the transition process to families and advocates.

The monitoring system for services was revised resulting in the implementation of quality enhancement in the developmental centers and community services. Standards for measuring quality were improved and a data base created to assist with the evaluation process.

Developmental Services and Supports

Services for individuals with mental retardation are coordinated through three regional offices. Community-based services are provided by private agencies that contract with the State. Programs are designed to help people maximize their potential. Services include:

- Adult day training
- Vocational programs
- Supported employment
- Community participation
- Early intervention services for preschoolers
- Residential and supported living services
- Family support services and a variety of other programs.

Three state-operated developmental centers provide residential care for individuals with profound or severe mental retardation who may have multiple handicaps. Individuals living in developmental centers require 24-hour care in a closely supervised setting.

Growth in Medicaid Waiver Program in the Community

Fiscal Year	Persons Enrolled	Total Expenditures	Average per Enrollee	% Increase Persons	% Increase Funding
1996	2499	\$ 33,910,417	\$13,570		
1997	3533	\$ 74,878,154	\$21,194	41%	121%
1998	4177	\$107,799,252	\$25,808	18%	44%
thru October 31, 1998	4301	\$138,257,750	\$32,145	3%	28%

DIVISION OF MENTAL RETARDATION SERVICES



Arlington Developmental Center



Clover Bottom Developmental Center



Greene Valley Developmental Center

A preservice and core training curriculum was implemented with regional training coordinator positions established and filled in each regional office. Train-the-trainer sessions qualified community personnel in six preservice and core training courses. These sessions are ongoing. In Fiscal 1998, 1,024 people were trained as trainers.

Home and Community Based Waiver funded services were provided as listed:

- Group home residential services (for four or more persons) to 1,003 persons
- Supportive living arrangements (for three or fewer persons per residence) for 1,046 persons.
- Family based services were provided to 222 persons.
- Day services to 3,678 persons.
- Independent support coordination/case management services to 4,147 individuals.

Waiver funding also supported home health and nursing services, occupational, physical and speech therapies, enhanced dental services, adaptive equipment and modifications for homes/vehicles, personal assistance, supported employment, respite and transportation services. State funding was used to provide the following:

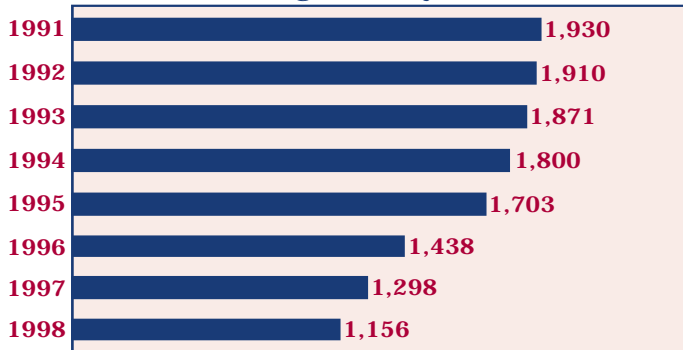
- Residential services in community group homes to 774 persons.
- Serve 977 persons in supportive living environments.
- Provide family based (foster care) to 51 individuals; day services to 1,492; and served 1,902 families with the Tennessee Family Support Program with funding of \$212,255.
- The State of Tennessee Rental Assistance Program assisted 500 persons to attain housing.

MR Services Provided

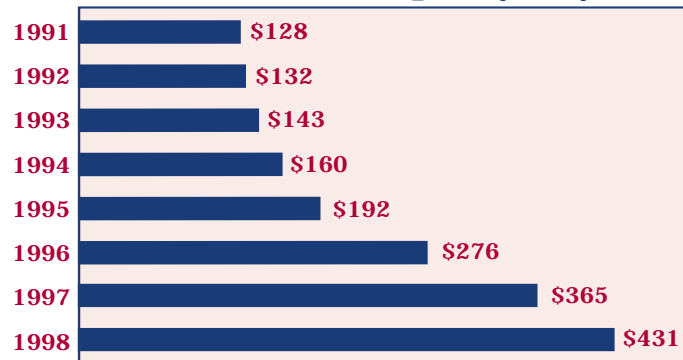
Service Enrollment on October 31, 1998.	Medicaid Waiver Persons	DMR State Funds Persons	Total
Independent Support Coordination (Case Management)	4195	236	4431
Day Habilitation	2911	1244	4155
Supported Employment	60	592	652
Community Participation	646	38	684
Total Day Services	3617	1874	5491
Foster Care	193	44	237
Group Home	898	182	1080
Supported Living	1069	354	1423
Total Residential Services	2160	580	2740
Nursing and Home Health	327	5	332
Personal Assistance	397	20	417
Establishment/Equipment/Environmental Access	18	32	50
Rental Assistance	N/A	581	581

DEVELOPMENTAL CENTER STATISTICS

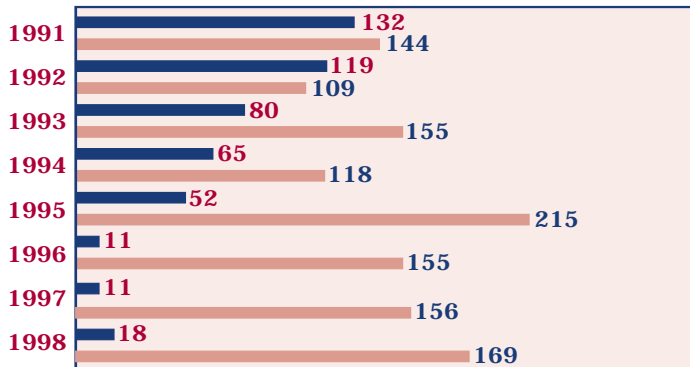
Average Daily Census



Cost Per Occupancy Day



Annual Admissions and Releases



Arlington Developmental Center

Founded in 1969 as Arlington Hospital and School; in 1973 became Arlington Developmental Center.

Fiscal Year	Admissions	Releases	ADC*	Daily Cost**
1991	19	23	476	\$133
1992	21	22	466	\$139
1993	14	69	437	\$161
1994	6	25	408	\$208
1995	0	20	385	\$289
1996	0	14	368	\$402
1997	0	18	354	\$504
1998	1	23	333	\$552

Clover Bottom Developmental Center

Founded in 1923 as Tennessee Home and Training School for Feeble-Minded Persons; in 1953 became Tennessee Clover Bottom Home; 1961 became Clover Bottom Hospital and School; and in 1973 became Clover Bottom Developmental Center.

Fiscal Year	Admissions	Releases	ADC	Daily Cost
1991	45	40	594	\$139
1992	43	45	592	\$141
1993	30	44	588	\$150
1994	17	46	561	\$158
1995	14	68	522	\$174
1996	2	9	408	\$273
1997	6	58	386	\$360
1998	9	43	340	\$426

Greene Valley Developmental Center

Founded in 1960 as Greene Valley Hospital and School; became Greene Valley Developmental Center in 1973.

Fiscal Year	Admissions	Releases	ADC	Daily Cost
1991	56	55	712	\$118
1992	43	33	706	\$121
1993	24	25	696	\$129
1994	24	30	682	\$134
1995	17	100	647	\$156
1996	9	99	534	\$212
1997	5	36	471	\$279
1998	8	37	446	\$346

Nat T. Winston Developmental Center*

Founded in 1979 for persons with dual diagnosis of mental retardation and emotional problems. Closed 1998.

Fiscal Year	Admissions	Releases	ADC	Daily Cost
1991	12	26	148	\$118
1992	12	9	146	\$121
1993	12	17	150	\$136
1994	18	17	149	\$147
1995	21	27	149	\$160
1996	0	33	128	\$194
1997	0	44	87	\$291
1998	0	66	37	\$400

* Average Daily Census

** Cost Per Occupancy Day

BOARDS, COUNCILS & COMMISSIONS

State Board of Trustees: Composed of 25 members, the board advises the department regarding programming and policy and engages in activities to better acquaint the public with the needs and activities of the department.

Members are appointed by the governor for eight-year terms. Twenty-one members are from the general public and represent the two service divisions and all geographic areas of the state. The governor, lieutenant governor, speaker of the house and commissioner of Mental Health and Mental Retardation serve as ex officio members.

Membership:

Don Sundquist, Chair
Lt. Governor John Wilder
Commissioner Elisabeth Rukeyser
Speaker of the House Jimmy Naifeh
Mattie Hayes, Savannah, Vice chair
Kay Blakney, Pickwick Dam
Andrew Bradley Jr., Rogersville
Mary Burrow, Milan
Jean Perkins Chapman, Memphis
Fran Clippard, Nashville
Ann Dino, Cordova
Doug Fain, Harriman
Andrew Fox, Memphis
John Hicks, Old Hickory
C. Turner Hopkins, Memphis
Carolyn Jones, Knoxville
Carolyn Pearre, Knoxville
Ray Sinor, Chattanooga

Facility Boards of Trustees. Each of the department's eight facilities has a board to advise the superintendents and inform the public about the needs and activities of the facility. Members are appointed by the governor.

Board of Trustees

Fiscal 1998

In Fiscal 1998, the Department of Mental Health & Mental Retardation Board of Trustees emphasized three areas — the Division of Mental Retardation's Settlement Agreement, the TennCare Partners Program and the proposed merger of the departments of MHMR and Health.

Members expressed interest in the Settlement Agreement and the future role the developmental centers have in delivering services. Questions were also raised on how the board could be effective in fulfilling its responsibilities and have input into decision making.

At its September meeting, a motion to support the agreement was passed and the department urged to extend and equalize the benefits of community placement to persons on waiting lists. The governor and General Assembly were also urged to extend home and community based Waiver services.

Concerns regarding the TennCare Partners Program and the impact managed care will have on mental health care, access to services and quality of the care were expressed.

In September of 1997, Health Commissioner Nancy Menke announced that the process had begun to integrate TennCare Partners with the TennCare Program. The Appeals Unit in both areas had already been integrated to strengthen both areas.

The Board of Trustees expressed some concern about moving the DMHMR to the Department of Health in the absence of legislative approval. Members also said that the needs of consumers and their families might not be paramount in a combined department. The absence of a detailed business plan for the proposed merger was also noted.



In December, the Board passed a resolution declaring its support for proposed structural changes within the DOH and DMHMR that would maximize the most efficient delivery of services.

BOARDS, COUNCILS & COMMISSIONS

In June of 1998, Commissioner Menke provided the group with a Partner's update and reviewed Governor Sundquist's commitments (made in March) and her announcement of Phase II improvements. Guarded optimism was expressed about the announced increases in funding and the proposed initiatives.

In that same meeting, the Ad Hoc Committee presented a report that said the program would have fared better if adequate preparation were in place in the community before the program was begun. Inadequate accountability and not enough funding also affected the program's outcome.

The committee concluded that sufficient housing is important and recommended adoption of the Mental Health Master Plan and an independent evaluation organization to review the Partners Program.

Family Support Council



The purpose of the council, which became effective July 1, 1992, is to provide individuals with severe disabilities and their families with supports that emphasize community living and enable them to enjoy typical lifestyles.

The underlying philosophy is that supporting families at home is more efficient, cost-effective, and humane than maintaining people with severe disabilities in out-of-home residential settings.

A majority of the 15 member groups must be persons with severe disabilities, their parents or primary caregivers. There is one representative from each developmental district, a representative of the Developmental Disabilities Council, the Coalition for Tennesseans with Disabilities, the Community Mental Retardation Agency and a representative of a Center for Independent Living. Two at-large members are appointed by the department.

The group, which meets quarterly, was outlined in the Family Support Act - 1992, Ch 981; 10.

Family Support Council Membership

Trisha Rogers, Greeneville
Carolyn Campbell, Whartburg
Kay Foust, Cleveland
Mary Ebersviller, Cookeville
Denise Graham, Shelbyville
Judy Davis, Martin
Kathy Hunter, Jackson
Kelley Fears, Bartlett
Al Patton, Powell
Cathy Brown, Knoxville
Allen Hendry, Oak ridge
Lee Anne Hagedorn, Nashville
Tom Summers, Nashville
Barbara Brent, Nashville

For information:
Jan Coatney, Program Specialist
Division of Mental Retardation Services
Cordell Hull Building, 5th Floor North
425 Fifth Avenue North
Nashville, TN 37243
615 532-6530
Fax: 615 532-9940
e-mail: jcoatney@mail.state.tn.us

updated June 1999

BOARDS, COUNCILS & COMMISSIONS

Mental Health Planning Council Officers

Fiscal 2000

President: *George Haley*, Nashville
Vice president: *Sita Diehl*, Nashville
Secretary: *Pat Williams*, Murfreesboro
Verdine Thompson, Athens
Immediate past president: *David Guth*, Nashville

Regional Chairs:

I—*Ron Harrington*, Johnson City
II—*Sheryl McCormick*, Knoxville
III—*Dorothy Stephens*, Chattanooga
IV—*Elliott Garrett*, Madison
V—*Betty Duncan*
VI—*Bonnie White*
VII—*Deborah Farrell*, Memphis

Fiscal 1999 Officers

President: *George Haley*, Nashville
Vice president: *Bob Benning*, Oak Ridge
Secretary: *Sita Diehl*, Nashville
Joan Lanier, Dyersburg

Fiscal 1998 Officers

President: *George Haley*, Nashville
Vice president: *Bob Benning*, Oak Ridge
Secretary: *Irene Russell*, Surgoinsville

Fiscal 1997 Officers

President: *David Guth*, Nashville
Vice president: *George Haley*, Nashville
Secretary: *Ruth White*, Nashville

For information, contact: *Beverly Lewis*
Division of Mental Health Services
Dept. of Mental Health and Mental Retardation
3rd Floor Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243
615 532-9439
e-mail: blewis3@mail.state.tn.us



Mental Health Planning Council Executive Committee

Mental Health Planning Council

An on-going planning group, the council is comprised of professional and lay persons. It has 56 voting members of which 51 percent are consumers, advocates or family members. Approximately 30 others serve as non-voting members.

The council meets quarterly to advise the DMHMR of the needs of persons with mental illness. Members serve on one of several committees adopted by the council including the Executive Committee, TennCare Partners Roundtable, Advocacy and Public Education, Housing, Homeless, Co-Occurrence and Children and Youth.

Each of the seven mental health planning regions has a community-based planning council. Approximately 350 stakeholders across the state are active in the regional mental health planning process.

Staff of the DMHMR provides support to the council, the committees and the regional councils.

The council's objectives are to:

- Cooperate with the department in the successful implementation of the TennCare Partners Program.
- Review, monitor and evaluate DMHMR activities including state and grant services as well as the TennCare Partners Program.
- Facilitate, support and strengthen the role of the regional planning councils.
- Recognize the importance of cultural diversity and to reflect this importance in all actions of the planning council.

BOARDS, COUNCILS & COMMISSIONS

Title 33 Revision Commission

Appointed in 1998 by Governor Sundquist, the group is charged with reviewing Title 33 of the *Tennessee Code Annotated*—the law that governs provision of services to citizens with mental illness and/or mental retardation.

Commission membership includes 13 mental health and disability stakeholders, six of whom are mental health and disability services consumers and/or their family members. Membership also includes four legislative appointees and several ex-officio members. The commission is expected to report its recommendations to the governor in January 2000.

The commission is charged with completing a comprehensive review of the law and to recommend revisions which support the availability of and access to services and protection of the rights of individuals.

Writing the law so it is easy to understand is also a priority. Revisions in the code are expected to:

- Continue the philosophy of providing services in the least restrictive environment, consistent with the needs and choices of the persons served.
- Promote equal availability, quality and efficiency in service delivery in a manner that assures appropriate due process safeguards for consumers.
- Assure fiscal and programmatic accountability to consumers and to the public.



Commission Membership

Chairman:

Evelyn C. Robertson, Jr.
Southwest Tennessee
Development District, Jackson

Vice-Chairman:

C. Richard Treadway, M.D.
Chairman of the Board
Psychiatric Solutions, Inc. Nashville

Dr. William Bernet, Nashville
Gaylon Booker, Memphis
Lee Chase, Johnson City
Carolyn Cowans, Memphis
Scott Finney, Nashville
Andy Fox, Memphis
Ann Ince, Knoxville
Elise McMillan, Nashville
Harold North, Chattanooga
June Palmer, Dyersburg
Irene Russell, Surgoinsville
George Spain, Nashville
Carol Westlake, Nashville
Bonnie White, Guys

Legislative Appointees

Senator Roy Herron
Senator Curtis Person Jr.
Rep. Mary Ann Eckles
Rep. Page Walley

ExOfficio Members

Debi Tate, Governor's Office
Commissioner Elisabeth Rukeyser
Commissioner George Hattaway
Commissioner Dr. Fredia Wadley
Ben Dishman
Barbara Brent
Dr. Stephanie White-Perry

Director

Mary Rolando

3rd Floor Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243
615 253-3049

TENNESSEE DEVELOPMENTAL DISABILITIES COUNCIL

The Tennessee Developmental Disabilities Council provides leadership to ensure independence, productivity, integration, and inclusion of individuals with disabilities in the community through promotion of systems change.

Developmental Disabilities Council
Wanda Willis, Executive Director
5th Floor, Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243

Phone: 615 532-6615
Fax: 615 532-6964
TTY: 615 741-4562
e-mail: tnddc@mail.state.tn.us

The Tennessee Developmental Disabilities Council is a governor-appointed group of people with disabilities, family members and professionals who work toward empowerment and full community inclusion of Tennessee residents with significant and multiple disabilities. Council members represent a broad range of disabilities as well as the ethnic, cultural, linguistic and geographical diversity of the state.

Established by the governor in 1971, the council is authorized and funded by the Developmental Disabilities Act of 1996. The council receives a fixed allotment of federal funds each year and maintains an office with a full-time professional staff.

The focus of the program is based on the principles of human and civil rights promised to all Americans. The council helps to increase equal opportunities for individuals through demonstration projects, public education and collaboration to build capacity of public and private entities.

Fiscal 1997 Grants and Initiatives

Specific and lasting changes in organizations, communities and government were promoted to ensure full inclusion of individuals with disabilities. These included:

- Collaborated with the DOH to initiate technical assistance centers for child care across the state.
- Collaborated with the Boling Center for Disabilities at the University of Tennessee at Memphis to work with eight major universities that drafted plans to promote inclusion in teacher training programs.
- Developed a home ownership project for people with disabilities in collaboration with the Tennessee Network for Community Economic Development (TNCED).
- Initiated a statewide information and referral office with the John F. Kennedy Center of Vanderbilt University.
- Awarded grants to implement person-centered planning, agency strategic planning and organizational change from congregate services to individual supports in three community agencies - Greene County Skills, Buffalo River Services and Impact Centers, Inc.
- Provided establishment funding for the Center for Independent Living of Middle Tennessee, an agency operated by people with a broad range of disabilities who approach community inclusion barriers as social issues.
- Funded the development of summer camps by United Cerebral Palsy of Middle Tennessee.

Steps were taken to increase employment opportunities for individuals with disabilities.

- Developed a corporate marketing initiative with the University of Tennessee TIE Program to promote employment of individuals with disabilities.
- Funded Tennessee Technological University to develop a state-of-the-art initiative technology center on campus and to provide on-site technical assistance to high school students from a 14-county area.
- Supported Austin Peay State University to make assistive technology available campus wide.

TENNESSEE DEVELOPMENTAL DISABILITIES COUNCIL

Encouraged the development and support of leaders to promote system change toward full inclusion for persons with disabilities.

- Graduated 25 persons from the Partners in Policy Making Leadership Institute to become active partners with local, state and federal policy makers. Over 95 persons completed the course since 1994.
- Council for Community Services assisted in increasing the number of individuals with disability on nonprofit boards of directors.
- Supported the National Conference of State Legislatures through a grant to their Task Force on Developmental Disabilities.
- The Council Consumer Travel Fund enabled 77 individuals with disabilities and family to receive training at state and national meetings.

Inclusion of students with disabilities increased in typical educational settings.

- Council provided grants to support five inclusion projects - Metropolitan Nashville Public Education Foundation, Roane County Schools, Jackson Madison County Schools, Vanderbilt University and the University of Tennessee at Knoxville. The projects worked with 16 public schools to develop initiatives to promote inclusion.
- Two graduate students were funded to staff the Virtual School's "Ask an Educator/Special Educator Bulletin Board" at the Kennedy Center. This project links public school teachers statewide and provides technical assistance to support inclusive education through the Internet.
- A grant to STEP (Support and Training for Exceptional Parents) provided training and technical assistance to 390 parents statewide about inclusion.

Council increased public awareness on disability issues.

- Informed 4,000 people about disability issues and best practices with the newsletter, *Breaking Ground*.
- Advised more than 3,000 Tennesseans on current and pending legislation with *Legislative Monitor*, a publication published by Arc of Tennessee.
- Provided information and technical assistance to more than 5,000 people through the Americans with Disabilities and Public Awareness networks of the Tennessee Disability Coalition.
- Educated more than 3,500 students in southeast Tennessee about disabilities by expanding the Chattanooga Kids on the Block puppet program to rural areas.

Fiscal 1998

Priority areas for the council in Fiscal 1998 included employment, inclusion, systems change, leadership development and public awareness.

The Partners in Policymaking Leadership Institute was formed to train 25 persons with disabilities and their families each year about disability policy, service trends and leadership skills.

- The Leadership Institute graduated its fifth class providing training to approximately 100 persons.

Council Membership

Chair

Lane Kile, Memphis

Vice chair

Al Patton, Powell

Teresa Fulwiler Fall Branch
Georgina Mowl, Rogersville
Ron Emery, Knoxville
Sherry Campbell, Hixson
Freddie Clowers, Cleveland
Steve Bowland, Crossville
Vickie Lowe, Cookeville
Sara Ezell, Nashville
Sydne Ewell, Nashville
Mollie Richardson, Columbia
Julie Jones, Martin
Treva Maitland, Trenton
Linda Poole, Jackson
Randall Dickman, Savannah
Linda Lemons Walker, Memphis
Richard E. Johnson, Bartlett
Joseph M. Evangelisti, Memphis
Debbie Bonner, Sewanee
Jamie Lytton, Humboldt

University Affiliated Facility Representative

Dr. Frederick Palmer

Protection and Advocacy Representative

Shirley Shea

State Agency Representatives

Elisabeth Rukeyser
Barbara Brent
Joseph E. Fisher
Carl Brown
Sue Rothacker
Rosie C. Wilson
Janet Coscarelli
James S. Whaley
Sam McClanahan

TENNESSEE DEVELOPMENTAL DISABILITIES COUNCIL

- Developed the first phase of a Partners style seminar for high school juniors and seniors. The Youth Leadership Forum begins in the summer of 2000.
- A legislative advocacy network for Partners graduates (a 1998 class project) was begun.

Sponsored jointly by the Developmental Disabilities Council, the DHS Child Care Division and the DOH Maternal and Child Health, the Child Care Project opened resource centers to help licensed child care providers provide developmentally appropriate activities, health care and inclusion to children with disabilities.

- Opened six resource centers - Martin, Shelbyville, Knoxville, Nashville, Kingsport and Jackson.
- Conducted 295 workshops for child care providers.
- Provided 306 technical assistance visits to providers.
- Formed a statewide team to develop strategy for increasing the number of inclusive child care centers.

Creating home ownership opportunities for persons with disabilities was a major focus during Fiscal 1998. This project was jointly sponsored by the council and the Tennessee Network for Community Economic Development.

- Formed a statewide housing coalition of consumers, bankers, state agencies and housing developers.
- Awarded demonstration grants to five community agencies for home ownership — Arc of Washington County, Developmental Services of Dickson County, the Center for Independent Living of Jackson, Disability Resource Center of Knoxville and the Lawrenceburg Hunger Coalition.
- Hired Joe Wykowski of the National Home of Your Own Alliance as a consultant to the housing project.
- Six persons purchased homes between January 1997 and June 1998.
- Received a \$750,000 grant from the Federal Home Loan Bank of Cincinnati for 15 prospective home owners (3% mortgages held by First American Bank).
- Changed state policy to allow STRAP grants through DMRS and THDA to be used for home ownership rather than just rental subsidies.
- Changed community bank experience with processing and approving home mortgages for people with disabilities - Dickson, Johnson City and Lawrenceburg.

Community Coalition Activities involved policy groups targeting improvements within the system.

- Persons with developmental disabilities were represented in the TennCare Partners Monitoring Group, the TennCare Children's Coalition and the Title 33 Revision Commission.

Collaborated with various state agencies regarding policy and planning issues which affect persons with developmental disabilities. These include:

- The DHS Child Care Division

TENNESSEE DEVELOPMENTAL DISABILITIES COUNCIL

- The Department of Environment & Conservation's Council on Trails and Greenways and the State Recreation Plan
- The Department of Education's "Education Edge" and Special Populations Oversight Committee
- The Division of Special Education's Statewide Advisory Committee and Task Force on Assessment
- The Division of Rehabilitation Services' State Independent Living Council three-year plan
- DOH Traumatic Brain Injury Council, Maternal & Child Health and the Tennessee Technology Access Project
- The DMHMR Respite Care Coalition, Settlement Agreement Community Plan, Self-determination Project, Leadership Training Task Force and the Independent Support Coordination Training Task Force

Grants and initiatives were made available to promote needed change in the service system for persons with developmental disabilities. These included:

- The University of Tennessee TIE program's Organizational Change project provided technical assistance to 12 private non-profit agencies.
- The Access Knoxville Disability Resource Center created a model of inclusion working with local government and private industry on key community projects.
- CARTA (transit alternatives) trains bus drivers and persons with disabilities who need transportation to encourage use of fixed route public transportation.
- People First organized communities in McNairy, Shelby and Madison counties to analyze and tackle transportation problems.
- Senior Citizens, Inc., promoted Senior Inclusion which provides opportunities for seniors with and without disabilities to participate in planned and purposeful activities.
- Promoted housing opportunities in local communities through education, training, leadership and advocacy.
- Cooperated with school systems to develop schools and demonstration projects where all students live, learn, work and play encouraging development of strengths and potential.
- Cooperated with the Kennedy Center in Nashville to utilize photography to illustrate presence of individuals with disabilities. Promoted referral office to serve as a central source of disability information.

OFFICE OF LICENSURE

Licensure

1st Floor Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243
615 532-6590

Regional Offices

West Tennessee Licensure Office
170 North Main Street, 12th Floor
Memphis, TN 38103
901 543-7442

Middle Tennessee Licensure Office
1st Floor Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243-2898
615 532-6588

East Tennessee Licensure Office
State Office Building
531 Henley Street, Suite 503
Knoxville, TN 37902-2898
423 594-6551

The DMHMR Office of Licensure is responsible for protecting Tennesseans who need mental health, mental retardation or alcohol and/or other drug services.

Licensure protects citizens against unlicensed practitioners, unsafe environments, inadequate education and training of facility personnel, physical and mental abuse and any unscrupulous acts which are considered detrimental to patient treatment and general welfare.

Licensure, in conjunction with the Divisions of Mental Health and Mental Retardation Services and the Office of Legal Counsel, coordinates and promulgates (makes public) MHMR rules and regulations on environmental, programmatic and administrative services and life safety.

The Office of the Director of Licensure is located in the Central Office in Nashville. It performs the following:

- Ensures licensure duties are carried out as mandated by law.
- Monitors the effectiveness of regulating mental health, mental retardation and alcohol and drug facilities.
- Issues licenses.
- Maintains duplicate files for all licensed facilities.
- Makes sure complaints against facilities are investigated.
- Ensures that appropriate administrative sanctions (denial, revocation or suspensions) are taken against licensees or unlicensed facilities.
- Provides statistical information.
- Develops policies and procedures.
- Provides technical assistance.
- Coordinates the promulgation of rules.

Regional Offices

The Office of Licensure operates three regional offices, one in each grand region of the state. Regional office staff conduct unannounced and follow-up inspections of licensed facilities. They also develop the supporting documentation needed for issuing licenses.

Regional staff conduct investigations when complaints of abuse and deficiency in operation are reported. During both fiscal years covered in this document, licensure staff responded to an average of 23 complaints per month.

Staff also maintain current files and records for facilities licensed by the department and provide consultation and technical assistance as needed to licensed and proposed programs.

Licenses Issued By Region Fiscal 1997

	MH	MR	A&D	Total
East	256	250	80	586
West	173	142	71	386
Middle	223	251	65	539

Fiscal 1998

East	243	263	80	586
West	170	148	66	384
Middle	247	237	67	551

Total Licenses Issued*

1991	570	465	385	1,393
1992	582	473	365	1,420
1993	623	489	362	1,474
1994	647	515	403	1,565
1995	715	541	208	1,464
1996	677	598	228	1,503
1997	652	643	216	1,511
1998	660	648	213	1,521

** In Fiscal 1995, free standing alcohol and drug facilities were transferred to Department of Health Licensure. The DMHMR continued to license alcohol and drug facilities housed in mental health facilities.*

OFFICE OF HUMAN RESOURCES

The Office of Human Resources provides support to the central office, mental health institutes and developmental centers in employment and personnel related matters.

Human resources staff advise employees on policy and procedural changes. The office also develops resources targeted to employment improvement including training and resources to recruit needed critical health care professionals.

Human Resources
11th Floor Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0675
615 532-6580

Fiscal 1997

The policy for conducting background checks on regional mental health institute and developmental center employees and volunteers was revised as a result of the passage of Public Chapter 993.

This revision amended T.C.A. Title 33, Chapter 1, Part 2 by adding language which requires fingerprinting and criminal background checks of new facility employees and volunteers. The Tennessee Bureau of Investigation trained facility staff in proper fingerprinting techniques.

A statewide reduction-in-force was implemented resulting in the abolishment of 688 positions. Of these, 578 were in the regional mental health institutes and 101 in the developmental centers.

Central office and facility human resources staff helped to place 303 employees in other positions. The majority were placed within their facility or transferred to other departmental programs or state agencies. A smaller number found employment outside state government or chose to retire.

Fiscal 1998

In Fiscal 1998, 370 positions were abolished. These included 146 which resulted from the permanent closing of the Nat T. Winston Developmental Center. All but three employees from the Winston Center were placed in other positions. Central office and facility human resources staff were instrumental in placing these employees.

In Fiscal 1998, the central office human resource staff began sharing work space with those from the Department of Health. Both departments have benefited from an added depth of knowledge and expertise.

Department of Mental Health and Mental Retardation Authorized Positions

	Actual 1997	Estimated 1998
Administration & Administration Services	169	135
Mental Health Services	34	27
Lakeshore Mental Health Institute	711	519
Middle Tennessee Mental Health Institute	825	702
Western Mental Health Institute	675	578
Moccasin Bend Mental Health Institute	535	421
Memphis Mental Health Institute	315	266
Mental Retardation Services	47	47
Developmental Disabilities Council	10	10
Mental Retardation Community Services	146	146
Arlington Developmental Center	1160	1159
Clover Bottom Development Center	1151	1151
Greene Valley Developmental Center	1310	1309
Nat T. Winston Developmental Center	244	145
Departmental Total	7333	6585

OFFICE OF MEDICAL DIRECTOR

Medical Director
5th Floor Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243
615 532-6564

Fiscal 1997

In Fiscal 1997, the Office of the Medical Director included the TennCare Partners Appeals Unit, Research and Clinical Supports (RCS) and Evaluation, Analysis and Decision Support (EADS). Key accomplishments included:

- Revised and updated Mortality Reviews policy effective June 11, 1997. Policies and procedures for Do Not Resuscitate (DNR) were updated June 15, 1997.
- Drafted and implemented the Job Performance Plan for medical consultants, dentists and dental hygienists effective March 10, 1997.
- Quality Improvement Manuals were developed by RCS to support activities in the Central Office and the regional mental health institutes (RMHIs).
- RCS staff initiated site visits to community mental health centers to assess their effectiveness in providing services under TennCare Partners and to follow up with technical assistance and training.
- EADS participated in the design and implementation of mental health and managed care initiatives. Purpose was to gather information from adult consumers on their experiences with TennCare Partners.
- Formed the TennCare Partners Appeals Unit in July of 1996 to provide due process protection to enrollees. This unit resulted from a Federal District Court ruling which required TennCare and its contractors to comply with certain federal laws concerned with inappropriate denial of health care. This resulted in including the BHOs in the appeals process.

Surveys

- RCS cooperated with East Tennessee State University on a study regarding mental health evaluation of juvenile offenders. The survey was mailed to 110 juvenile judges, 78 youth service officers and 35 juvenile referees. The questionnaire was to determine demographic information, the number of juvenile offenders with mental illness or emotional disturbance, the level of interest in systematic mental health screening and assessment and attitudes toward the present system of service.
- RCS did a Mortality Trending Project reviewing the total of deaths at the RMHIs and DCs for Fiscal 1990 through Fiscal 1996. Purpose was for trending and tracking.
- Conducted a participant satisfaction survey of the TennCare Partners program. Sample was stratified by region and four enrollee groups - SPMI, SED, participants with a known history of mental service use and participants without a history of mental health or substance abuse service use. Results indicated the majority of Partners enrollees were satisfied with services and their contracts with BHOs and providers. The results also indicated that enrollees needed education from the BHOs — 63 percent did not know which BHO in which they were enrolled.
- RCS cooperated with the Tennessee Technology Access Project on a survey of assistive technology (AT) use. Information was obtained from parent groups on the awareness of AT devices, barriers to obtaining AT services and devices, and parental needs and issues. Most respondents used AT services. The remaining used braces, walkers, prosthesis, augmentative board, bath aids, hearing aids,

OFFICE OF MEDICAL DIRECTOR

home modification devices, switches and visual aids. Problems cited included cost/funding and availability of devices and services.

- A telephone survey measured the percentage of providers who received reimbursement after an appeals review by DMHMR between July 1 and October 31, 1996. Results - 53 percent were reimbursed; 18 percent not reimbursed; 3 percent, partially reimbursed; invoices not submitted, 12 percent; unable to contact, 12 percent. The survey was done in January, 1997.
- In January 1997, RCS conducted a provider survey with mailings to approximately 1,300 people. The purpose was to assess the efficiency and adequacy of the TennCare Partners appeals process and obtain comments from a provider's perspective on the adequacy and utility of the TennCare Partners formulary. Pharmacists, psychiatrists and psychologists represented 63 percent of the respondents. Sixty-one percent said the appeals process had not been explained. Forty-four percent said the formulary was not adequate. Sixty-eight percent saw a need for a standardized formulary, although many providers said they had never seen a TennCare formulary. Respondents also indicated a need to add 34 different medication/therapeutic classes to the formulary. There were over 30 requests for fluoxetine, sertraline and paroxetine.

Conferences

- ***Treatment Interface Between Primary Health Care and Mental Health Providers in Managed Care*** — Across the state - Nashville (9/96); Jackson (1/97); Knoxville (4/97), Johnson City (6/97).
- ***The Impact of the HIV Virus on the Psychological Health of Individuals*** - Presented on February 27, 1997.
- ***Co-Occurrence Disorders: Mental Health & Substance Abuse*** - Presented on March 26, 1997 in collaboration with the Bureau of Alcohol & Drug Abuse Services and the Department of Health.

Committees

- ***The TennCare Partners Program Clinical Oversight Committee***, established July 1996 to advise DMHMR on clinical needs for the TennCare Partners Program.
- ***Grants Committee*** established to provide the commissioner with a reference to competitive grant activity in the department. Also serves as an informational clearinghouse for active and proposed grants and shares information on the availability of other grant opportunities.
- Coordinated a committee with the Tennessee Medical Association to review and bring closure to ***Best Practice Guidelines for the TennCare Partners Program*** which was developed by Vanderbilt University and the University of Tennessee.

Fiscal 1998

In March of 1998, when the Office of the Medical Director became an administrative support unit for the DMHMR and the DOH, the Office of Policy Planning and Assurance (PPA) was formed.

PPA includes Research and Development (formerly RCS), the Assessment Unit, Appeals Unit (formerly TennCare Partners Appeals Unit), Health Statistics &

OFFICE OF MEDICAL DIRECTOR

Information, Vital Records, and Consumer Affairs and Policy Planning (formerly the Office of Consumer Affairs).

- In August of 1997, RCS compared survey responses from RMHI discharged patients. Purpose was to obtain information on community mental health center involvement and lifestyle adjustment. Three groups were queried - discharges between 7-1-96 to 1-31-97; 2-1-97 to 3-31-97; and 4-1-97 to 4-30-97.
- Cooperated with Pfizer and Eisai Pharmaceuticals and a Nashville physician to begin a longitudinal study on the impact of ARICEPT (Donepezil HCl) on the living skills of persons with Alzheimer's Disease. Funded with a \$15,000 education grant, the project will be completed in Fiscal 1999.
- The Appeals Unit continued a court ordered quarterly report on type of appeal, BHO involved, type of care, days of resolution, how and at which level resolved.
- Two conferences were sponsored by the DMHMR and DOH - *Children's Health Summit*, October 20, 1997 and *Living Longer and Growing Stronger*, June 12, 1998.
- Coordinated a web site, (server.to/hit), Health Information Tennessee, through partnership with DOH and the University of Tennessee Knoxville Health Research Group.
- Cooperated to add mental health sources to an existing health database of grant funders.
- Trained 2,000 persons in Clinically Related Group (CRG) and Targeted Related Group (TRG). Audited 22 agencies and maintained the rater database.
- The Appeals Unit of TennCare Partners merged with the DOH Bureau of TennCare on September 1, 1997 resulting in the placement of the combined appeals unit in Policy Planning & Assurance.
- Established an administrative appeals process to handle consumer reimbursement and private pay issues.
- Processed and reviewed appeals on medical necessity of services, payment and billing for TennCare covered services, denied emergency medical services and services provided by the Department of Children's Services.

Three sections were added in Fiscal 1998 - *Consumer Affairs and Policy Planning*, *Health Statistics and Information* and *Vital Records*

- Expanded and increased staff to handle advocacy issues in developmental disabilities.
- Cooperated with health facilities to revise data collected on services, finances and utilization of home health agencies, hospices and hospitals.

INFORMATION SYSTEMS MANAGEMENT

Information Systems Management (ISM), part of DMHMR's Administrative Services, is vital to the efficient operation of the central office and the delivery of services in the mental health institutes, developmental centers and community programs

The importance of consumer and client tracking, medical and other records keeping and monitoring activities contribute significantly to present day service delivery and provide a basis for future planning.

Information on interdepartmental resources, available through the State of Tennessee Web site, promote linkages between agencies with common goals — public and private.

Through use of the Web, we are able to promote prevention, provide referral and increase the body of knowledge on issues relating to mental illness and mental retardation and/or other developmental disabilities.

In Fiscal 1997, Information Systems Management completed the following projects:

- Community Services Tracking System
- Consumer Hospital Accounting & Tracking System (CHARTS)
- Developmental Center Incident Tracking
- Engineering Project Management System
- Infection Control
- Medical Appeals Tracking System (MATS)
- Mental Health Incident Tracking
- Mental Retardation Central Office Investigation Tracking
- Policy Planning & Assurance Annual Plan
- Restraint Tracking*
- Seizure Management*
- TennCare Partners Contact Log

Information Systems Management projects completed in Fiscal 1998 include:

- Hospital Information Systems - RFP**
- Hospital Information System - Contract (negotiated and signed)**
- Behavior Data Entry (BDE)*
- Central Office Claims Approval System
- Central Monitoring*
- Community Training*
- Community Incident Tracking*
- Department of Children's Services Medical Appeals Tracking System (DCS MATS)
- Developmental Disabilities Council
- Employee Database
- Inventory Request & Help Desk
- MHMR STARS Query Builder
- Pre-Admission Evaluation Tracking
- Property Management
- Staffing Ratios*
- Systems Development Management Planner
- TennCare Reconciliation
- Transition Placement System

*Developed by Jones Consulting Company **Creative Socio-Medics

Information Systems
6th Floor Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243
615 532-6600

THE OFFICE OF PUBLIC INFORMATION & EDUCATION

The Office of Public Information and Education (OPIE) is responsible for the public information, public awareness, marketing and public education activities of the department.

OPIE supervises the Internet services, coordinates the annual volunteer recognition program, manages the speakers bureau and is responsible for departmental photography. OPIE also distributes public hearing notices and has oversight of departmental publications.

The director serves as the official spokesperson with the media and is responsible for oversight of all public awareness activities including exhibiting information at fairs and on other public occasions. OPIE also responds to requests for information on specific mental health and mental retardation topics.

*Office of Public Information & Education
11th Floor Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
615 532-6610*

Public Awareness and Education

OPIE coordinated **Opening Doors/Changing Lives**, a public awareness campaign for the Division of Mental Retardation Services. This project included television announcements, radio spot announcements, a newsletter and brochures.

The DMHMR OPIE office exhibits at trade shows, conferences, health fairs and other events. Recent exhibits include the *Tennessee Conference on Social Welfare, Good Government Fair, Youth Violence Conference, Women's Health Conference, the Minority Business Fair and the meeting of the Tennessee Association of Mental Health Organizations*. Through these exhibits, thousands of pieces of literature are placed in the hands of the general public.

Public Information

OPIE issues all press releases on news events, people and programs statewide to all appropriate news organizations. It coordinates media inquiries for the regional mental health institutes and developmental centers throughout the state. These releases are also posted on the DMHMR Internet site.

Resource Center

OPIE maintains a resource center with publications on most mental health and mental retardation topics, the elderly, children and youth and miscellaneous related subjects. Single copies are distributed to family members, interested consumers and individuals on request.

On Line

OPIE is responsible for all DMHMR Internet content. Staff recently placed the department's rules and regulations on the web under the Secretary of State's listing. Additionally, OPIE serves as the e-mail address for the department and ensures response to each inquiry within 36 hours.

Speaker's Bureau

In an effort to provide timely information to the public on mental health and mental retardation issues, OPIE maintains a Speakers Bureau of over 30 professionals from across the state who are available to civic clubs, for special events or an academic setting.

Publications

OPIE oversees all departmental publications and serves as liaison with the state Publications Committee. In addition, the office publishes a bi-monthly newsletter, **UPDATE**, a magazine, **Breakthrough**, and a twice-monthly newsletter, **The Inside Track**, (targeted to central office employees and key field staff).

Volunteer Services

OPIE works with the professional volunteer service coordinators at state mental health institutes and developmental centers. Annually, top volunteers from each facility are honored at a recognition luncheon planned and hosted by OPIE staff. At this function, one special volunteer is named "Volunteer of the Year," another receives the "Commissioner's Award," and another receives the "Volunteer Spirit Award." Also named are the "Volunteer Group of the Year" and "Volunteer of the Year."

Staff Resource

OPIE staff serve as a resource to the Title 33 Revision Commission, the Mental Health Planning Council, the DMHMR Board of Trustees and other groups who advocate for and support services provided by the department.

OFFICE OF PLANNING & DEVELOPMENT

Fiscal 1997

- Completed study of the DMHMR facility child care initiative.
- Co-coordinated central office staff retreat. The retreat focused staff on the DMHMR mission and direction as outlined in the Spring, 1996 three-year plan.
- Coordinated preparation and development of the DMHMR one-year status report on the comptroller's performance audit.
- Developed a six-month status report to the comptroller regarding findings on the DMHMR Board of Trustees.
- Assisted in the development of the Fiscal 1998 Information Systems Plan based on the DMHMR three-year plan.
- Coordinated the review and revision of existing DMHMR policies, developed new format and index for policies.
- Coordinated DMHMR central office quality management process.
- Co-coordinated DMHMR legislative activities.

Fiscal 1998

- Coordinated quarterly progress implementation sessions on the DMHMR three year plan with management staff and integrated DMHMR objectives and strategies into the governor's draft strategic plan.
- Coordinated the development of the DMHMR strategic plan included in the Executive Branch Strategic Plan in May, 1998.
- Coordinated the staff review of DMHMR rules; developed and submitted to the Center for Effective Government a plan for repealing and/or revising outdated rules.
- Coordinated planning and development of the DMHMR annual planning retreat and developed and integrated document of all recommended revisions and additions to the three year plan.
- Coordinated the DMHMR central office quality management process.
- Co-coordinated DMHMR legislative activities.

Planning & Development
3rd Floor Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243
615 532-6509

DMHMR FINANCIAL PICTURE

Fiscal 1997

Revenue

Appropriations	\$96,734,400
Federal	11,520,100
Current Services	61,539,300
Inter-Departmental	\$293,267,700

Total **\$463,061,500**

Expenditures

Administrative Services	\$6,134,500
Major Maintenance & Equipment	\$436,600

Subtotal **\$6,571,100**

Mental Health Services

MH Administration	\$1,538,000
Community MH	\$38,887,300
Non-TennCare MHS	\$26,824,600
Lakeshore MHI	\$23,506,100
Middle TN MHI	\$28,367,800
Western MHI	\$21,194,700
Moccasin Bend MHI	\$17,670,000
Memphis MHI	\$12,118,000

Subtotal **\$170,106,500**

Mental Retardation Services

MR Administration	\$2,269,000
Developmental Disabilities	\$1,211,600
Community MR	\$105,185,600
Regional Offices	\$4,957,900
Arlington DC	\$65,083,700
Clover Bottom DC	\$50,668,000
Greene Valley DC	\$47,980,700
Nat T. Winston DC	\$9,227,400

Subtotal **\$286,383,900**

Total **\$463,061,500**

Fiscal 1998

Revenue

Appropriations	\$80,117,900
Federal	\$11,660,500
Current Services	\$62,576,600
Inter-Departmental	\$311,049,000

Total **\$465,410,000**

Expenditures

Administrative Services	\$6,817,800
Major Maintenance & Equipment	\$434,300

Subtotal **\$7,252,100**

Mental Health Services

MH Administration	\$1,870,100
Community MH	\$32,757,800
Non-TennCare MHS	0
Lakeshore MHI	\$21,456,600
Middle TN MHI	\$26,605,400
Western MHI	\$22,478,500
Moccasin Bend MHI	\$16,251,700
Memphis MHI	\$12,304,000

Subtotal **\$133,724,100**

Mental Retardation Services

MR Administration	\$3,202,000
Developmental Disabilities	\$1,358,600
Community MR	\$132,053,700

Regional Offices

West (Including Arlington DC)	\$69,099,400
Middle (Including Clover Bottom DC)	\$54,630,500
East (Including Greene Valley DC)	\$58,690,900
Nat T. Winston DC	\$5,398,700

Subtotal **\$324,433,800**

Total **\$465,410,000**

How the 1998 dollar was spent



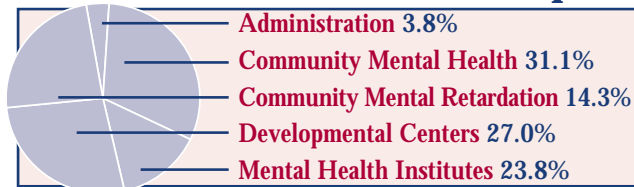
How the 1997 dollar was spent



How the 1996 dollar was spent



How the 1995 dollar was spent



How the 1994 dollar was spent



How the 1993 dollar was spent



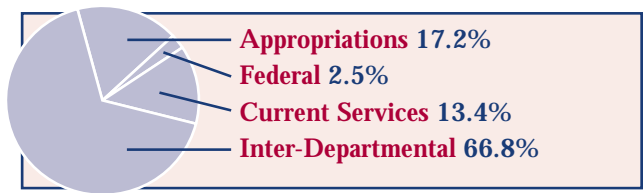
How the 1992 dollar was spent



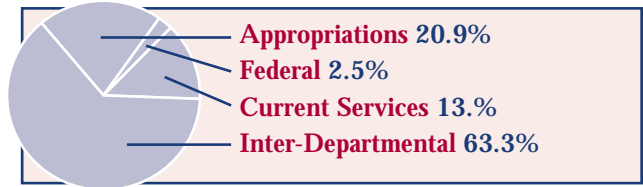
How the 1991 dollar was spent



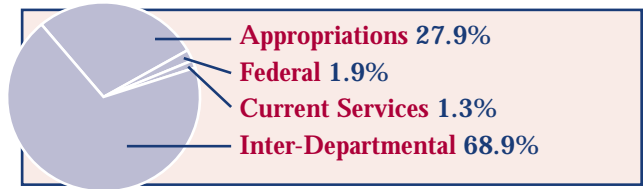
1998 Revenue



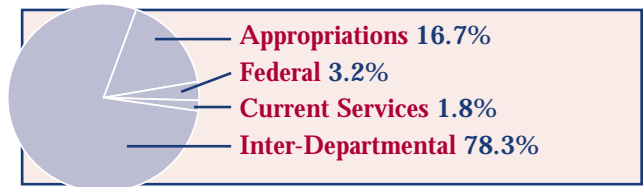
1997 Revenue



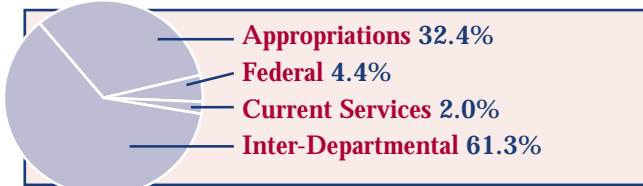
1996 Revenue



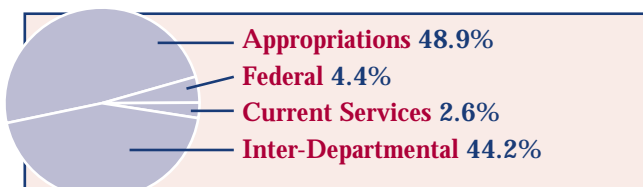
1995 Revenue



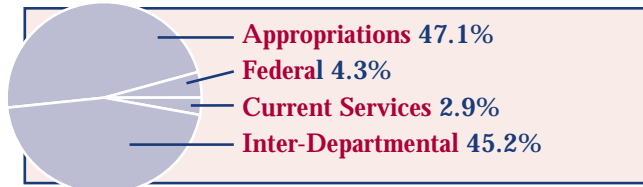
1994 Revenue



1993 Revenue



1992 Revenue



1991 Revenue

